

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | Askel | | 04-10-07 |
| O.I.P.E. CLASSIFIER | | 48 | 5/3/01 |
| FORMALITY REVIEW | MH | 420 | 05-23-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral)... Canceled A Appeal
÷ Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 | ✓ |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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24.01